



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

RECEIVED  
Oral Breath Alcohol Program  
By Carol Day at 12:00 pm, Mar 04, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <b>970025</b>	DATE OF INSPECTION <b>03/01/10</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>202 S. 3rd Street Louisiana, MO</b>	TIME OF INSPECTION <b>1350</b>

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER **49** °C

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34 °C ± 0.2°C)

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☒ **.096**

TEST 2 ☒ **.098**

TEST 3 ☒ **.098**

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS <input checked="" type="checkbox"/>	(0-.04) <b>1</b>	(.05-.09) <input checked="" type="checkbox"/>	(.10-.14) <input checked="" type="checkbox"/>	(.15-.19) <input checked="" type="checkbox"/>	(Over .19) <b>2</b>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

**Instrument Operating within established limits.**  
**Guth Laboratories Lot # 09270**

**INSPECTING OFFICER**

SIGNATURE

**M. M. J. J. J.**

PRINT NAME

**Marc McColister**

TYPE II PERMIT NUMBER/EXPIRATION DATE

**920022/02/10/11**

TELEPHONE NUMBER

**573-754-4021**



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09270** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1207** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **September 23, 2010** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



MARC MCCOLLISTER

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/10/09

Number 920022

Expires 02/10/2011

MO 580-0771 (7-88)

*John J Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health

Lab. 4 (R7-88)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
LOUISIANA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 970025  
03/01/10

TESTING OFFICER:

MCCOLLISTER/MARC/A  
OFFICER I.D.: 2502  
PERMIT NUMBER: 920022  
EXPIRATION DATE: 02/10/11  
MISCELLANEOUS DATA:  
N/A  
N/A

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:55
INTERNAL STANDARD	VERIFIED	13:55
EXTERNAL STANDARD	.096	13:56
BLANK TEST	.000	13:56
EXTERNAL STANDARD	.098	13:57
BLANK TEST	.000	13:58
EXTERNAL STANDARD	.098	13:58
BLANK TEST	.000	13:59

N = 3  
SIM. = .1  
AVG. = .0973

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
LOUISIANA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 970025  
03/01/10  
13:50

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLAM DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

"'##%&'()\*+,-./0123456789:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz  
-arsltuvwxz{1}++

OPERATOR SIGNATURE

OPERATOR SIGNATURE

Card Stock No.  
60021

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD OH 44901

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**

Evidence Ticket

STATE OF MISSOURI  
LOUISIANA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 970025  
03/01/10

ARREST TIME: 09:00  
SUBJECT NAME:  
DOE/JOHN/A  
DOB: 09/09/69 SEX: M  
STATE/D.L.: MO/0000000069  
ARRESTING OFFICER:  
MCCOLLISTER/MARC/A  
OFFICER I.D.: 2502  
TESTING OFFICER:  
MCCOLLISTER/MARC/A  
OFFICER I.D.: 2502  
PERMIT NUMBER: 920022  
EXPIRATION DATE: 02/10/11  
MISCELLANEOUS DATA:  
RFI TEST  
N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	14:02
INTERNAL STANDARD	VERIFIED	14:02
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD OH 44901